

www.mass.gov/abcc

LICENSE NUMBER	029600001		CITY OR TOWN	DUDLEY	
APPLICATION FOR	RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS		•	YEAR
LICENSEE NAME: DOING BUSINESS A		RDS			
ADDRESS 41 BRAN	DON RD.				
CITY/TOWN: DUD	LEY	STATE: MA	ZIP CODE:	01571	
MANAGER: LACH	I, TERESA T	YPE OF LICENSE: Res	taurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
P	LEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EM	IAIL ADDRESS		
DESCRIPTION OF L	ICENSED PREM	IISES:			
TWO STORY WOOL	D BLDG WITH K	ITCHEN FACILITIES	AND STORAGE I	OWNSTAIL	RS
I hereby certify and sv	_				
		of the same type for the	_		
	-	ith all laws of the Common throughout throughout throughout the common throughout the common throughout the common throughout throughout throughout the common throughout throug	_	taxes; and	
3. the premis	es are now open i	or business (if not expla	in delow)		
SIGNED BY	Individual, Partn	er or Authorized Corpo	rate Officer		
DATE:	TELEPHC	NE NUMBER:	EMPLOYER (Note: NOT Ind	LIDENTIFICAT	
Acts of 2004, signed	by the building i	re in possession (1) the inspector and the head of liquor liability insur	of the fire departs	nent for the	above
Please Check Below:			LOCAL LICENS	ING AUTHO	ORITY
APPROVED:	\neg		By:		
DISAPPROVED: [n)				
(ii disappioved explai	··· <i>)</i>				
DATE:					
	AL MIGT DE EURO PA	A LIGENSEES DAMPAS TITE & CO	NATH OF MOVEMBER 2.5	C. I. Ch. 120 ft 1	
APPLICATION FOR RENEW	AL MUST BE FILED BY	LICENSEES DURING THE MO	JN 1H OF NOVEMBER (M	.G.L. Cn. 138 \$ 16	(A)



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LICENSE NUME	BER: 029600007		CITY OR TOWN DUDLEY	(
APPLICATION I	FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NAM	ME: POLISH NATI	ONAL ALLIANCE OF D	OUDLEY INC., THE	
DOING BUSINE	ESS A			
ADDRESS WES	T MAIN ST			
CITY/TOWN: I	DUDLEY	STATE: MA	ZIP CODE: 01571	
	OLLETTA, INCENT	TYPE OF LICENSE:Club	CATEGORY	: All Alcohol
EMAIL ADDRES	SS:			
	PLEASE ALSO VISIT OU	UR WEBSITE AND ENTER YOUR EM	IAIL ADDRESS	
DESCRIPTION (OF LICENSED PRE	MISES:		
ONE STORY BR IN REAR	RICK BLDG ON WE	EST MAIN ST WITH STO	ORAGE AND KITCHEN FAC	CILITIES
I hereby certify a	nd swear under pena	lties of perjury that:		
1. the rer	newed license will be	e of the same type for the s	same premises now licensed;	
2. the lic	ensee has complied	with all laws of the Comm	nonwealth relating to taxes; and	l
3. the pre	emises are now open	for business (If not expla-	in below)	
SIGNED BY				
	Individual, Par	tner or Authorized Corpor	rate Officer	
DATE:	TELEPH	IONE NUMBER:	EMPLOYER IDENTIFICA (Note: <u>NOT</u> Individual Social	
			(Note: NOT individual Social	i Security Number)
Acts of 2004, sig	gned by the building	g inspector and the head	certificate required by Chap of the fire department for the cance required by Chapter 11	ie above
Please Check Below:			LOCAL LICENSING AUTI	HORITY
APPROVED:			By:	
DISAPPROVED				
(If disapproved ex	xpiaiii)			
				 -
DATE:				



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APPLICATION FOR RENEWAL: Annual CLASS	
CLASS	PR 2013
	YEAR
LICENSEE NAME: COACHES CORNER INC.	
DOING BUSINESS A COACHES CORNER	
ADDRESS 39 OXFORD AVENUE	
CITY/TOWN: DUDLEY STATE: MA ZIP CODE: 01571	l
MANAGER: PARANTO, TYPE OF LICENSE: Restaurant CATEGO ANTHONY R.	RY: All Alcohol
EMAIL ADDRESS:	
PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS	
DESCRIPTION OF LICENSED PREMISES:	
TWO ROOMS ON FIRST FLOOR OF BUILDING WITH A KITCHEN LOCATED ON AND CELLAR FOR STORAGE	THE REAR
I hereby certify and swear under penalties of perjury that:	
1. the renewed license will be of the same type for the same premises now licensed	l;
2. the licensee has complied with all laws of the Commonwealth relating to taxes;	and
3. the premises are now open for business (If not explain below)	
SIGNED BY	
Individual, Partner or Authorized Corporate Officer	
DATE: TELEPHONE NUMBER: EMPLOYER IDENTIF	
DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFY (Note: NOT Individual Sc	
We the undersigned, attest that we are in possession (1) the certificate required by Cl Acts of 2004, signed by the building inspector and the head of the fire department for	hapter 304 of the the above
(Note: NOT Individual So	hapter 304 of the the above
We the undersigned, attest that we are in possession (1) the certificate required by Cl Acts of 2004, signed by the building inspector and the head of the fire department for named license and (2) the certificate of liquor liability insurance required by Chapter	hapter 304 of the r the above r 116 of the Acts
We the undersigned, attest that we are in possession (1) the certificate required by Cl Acts of 2004, signed by the building inspector and the head of the fire department for named license and (2) the certificate of liquor liability insurance required by Chapter of 2010. Please Check Below: APPROVED: By:	hapter 304 of the r the above r 116 of the Acts
We the undersigned, attest that we are in possession (1) the certificate required by Cl Acts of 2004, signed by the building inspector and the head of the fire department for named license and (2) the certificate of liquor liability insurance required by Chapter of 2010. Please Check Below: APPROVED: DISAPPROVED: Building inspector and the head of the fire department for named license and (2) the certificate of liquor liability insurance required by Chapter of 2010. By: DISAPPROVED:	hapter 304 of the r the above r 116 of the Acts
We the undersigned, attest that we are in possession (1) the certificate required by Cl Acts of 2004, signed by the building inspector and the head of the fire department for named license and (2) the certificate of liquor liability insurance required by Chapter of 2010. Please Check Below: APPROVED: By:	hapter 304 of the r the above r 116 of the Acts
We the undersigned, attest that we are in possession (1) the certificate required by Cl Acts of 2004, signed by the building inspector and the head of the fire department for named license and (2) the certificate of liquor liability insurance required by Chapter of 2010. Please Check Below: APPROVED: DISAPPROVED: Building inspector and the head of the fire department for named license and (2) the certificate of liquor liability insurance required by Chapter of 2010. By: DISAPPROVED:	hapter 304 of the r the above r 116 of the Acts



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 029600011		CITY OR TOWN	DUDLEY	
APPLICATION FOR	R RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
	CHARLES PAPPA				
DOING BUSINESS	A DUDLEY PARK	N SHOP			
ADDRESS AIRPOR	RT RD				
CITY/TOWN: DUI	DLEY	STATE: MA	ZIP CODE:	01571	
MANAGER: PAP	PAS, CHARLESTYP	E OF LICENSE: Pa	ckage Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR E	MAIL ADDRESS		_
DESCRIPTION OF	LICENSED PREMIS	ES:			
ONE STORY BLDO	G WITH A STORE IN	FRONT AND STO	ORAGE IN BACK R	.OOM	
I hereby certify and s	swear under penalties	of perjury that:			
1. the renew	ed license will be of t	he same type for the	e same premises now	licensed;	
2. the licens	ee has complied with	all laws of the Com	monwealth relating to	taxes; and	
3. the premi	ses are now open for	business (If not expl	ain below)		
SIGNED BY					
	Individual, Partner	or Authorized Corp	orate Officer		
DATE:	TELEPHONI	E NUMBER:	EMPLOYER	DENTIFICAT	TON NUMBER:
			(Note: NOT Ind	ividual Social S	ecurity Number)
Please Check Below:			LOCAL LICENS	ING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain	ain)				
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 029	9600012		CI	TY OR TOWN	DUDLEY	
APPLICATION FOR RE	NEWAL:	Annu	ıal	LICEN	SED FOR 20	013
		CLA	SS			YEAR
LICENSEE NAME: WI	EST MAIN LIQU	JORS, INC.				
DOING BUSINESS A W	EST MAIN LIQ	UORS				
ADDRESS 212 WEST M	IAIN ST					
CITY/TOWN: DUDLE	Y	STATE:	MA	ZIP CODE:	01571	
MANAGER: COOPER	, ELAINE TYP	E OF LICEN	SE:Packag	ge Store CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
2200 SQ FT STORE AT I hereby certify and swear 1. the renewed lie 2. the licensee ha 3. the premises a	under penalties cense will be of the s complied with	of perjury that he same type all laws of the	for the san	wealth relating to		
SIGNED BY	lividual, Partner	or Authorized	l Corporate	e Officer		
DATE:	TELEPHONE	E NUMBER:		EMPLOYER (Note: <u>NOT</u> Ind		TION NUMBER: ecurity Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)				LOCAL LICENS By:	ING AUTHO	ORITY
DATE:			-			



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 029600014	C	ITY OR TOWN DUDLEY	
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2	2013
	CLASS		YEAR
LICENSEE NAME: ROSEMARY	FLYNN		
DOING BUSINESS A FLYNN'S W	'INE & SPIRITS		
ADDRESS 81 SCHOFIELD AVE.			
CITY/TOWN: DUDLEY	STATE: MA	ZIP CODE: 01571	
MANAGER: FLYNN, ROSEMARY	TYPE OF LICENSE: Packa	ge Store CATEGORY:	: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT (OUR WEBSITE AND ENTER YOUR EMAIL	L ADDRESS	
DESCRIPTION OF LICENSED PR	EMISES:		
TWO STORY WOODEN BLDG FFOR SALES ROOM, 2 IN REAR FO		4 ROOMS, TWO IN FRONT	USED
2. the licensee has complied	be of the same type for the same with all laws of the Common n for business (If not explain	nwealth relating to taxes; and	
SIGNED BY Individual, Pa	artner or Authorized Corporat	te Officer	
DATE: TELEPI	HONE NUMBER:	EMPLOYER IDENTIFICA (Note: NOT Individual Social	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTH By:	IORITY
DATE:			



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUM	MBER: 029600016		CITY OR TOWN	DUDLEY	
APPLICATION	N FOR RENEWAL:	Annual	LICENS	SED FOR 20	013
		CLASS			YEAR
LICENSEE NA	AME: OM SHIV CORPOR	RATION			
DOING BUSIN	NESS A Patriot Gas				
ADDRESS 251	WEST MAIN ST				
CITY/TOWN:	DUDLEY	STATE: MA	ZIP CODE:	01571	
MANAGER:	PATEL, KRISHNA TYPI I.	E OF LICENSE: Pac	kage Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDR	ESS:				
	PLEASE ALSO VISIT OUR WEB		IAIL ADDRESS		
	N OF LICENSED PREMISE				
	BLDG WITH STORE IN FI		AGE IN REAR		
•	and swear under penalties or renewed license will be of the		cama pramicae now	licansad:	
	licensee has complied with a		_		
	premises are now open for b		=	turios, urio	
SIGNED BY					
	Individual, Partner of	or Authorized Corpo	orate Officer		
DATE.					
DATE:	TELEPHONE	NUMBER:	EMPLOYER (Note: <u>NOT</u> Indi		ION NUMBER:
			(Note: 1101 mg	ividuai Sociai Si	ceurity (vuinoer)
Please Check Belo	w:		LOCAL LICENS	ING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVE (If disapproved					
(II disupproved	· Capitally				
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0290	000017	CITY OR TOWN DUDLET	
APPLICATION FOR REN	TEWAL: Annual	LICENSED FOR	2013
	CLASS		YEAR
LICENSEE NAME: TON DOING BUSINESS A KV ADDRESS 55 SCHOFIEL		& LUC NGUYEN	
CITY/TOWN: DUDLEY	STATE: MA	A ZIP CODE: 01571	
MANAGER:	TYPE OF LICENSE:	Package Store CATEGORY	: Wine and Malt Regular
EMAIL ADDRESS:			
DESCRIPTION OF LICEN	ALSO VISIT OUR WEBSITE AND ENTER YOUR NSED PREMISES: CATED AT 55 SCHOFIELD STR		- -
1. the renewed lice 2. the licensee has 3. the premises are SIGNED BY	e now open for business (If not ex	mmonwealth relating to taxes; and plain below)	1
Indi	vidual, Partner or Authorized Cor	rporate Officer	
DATE:	TELEPHONE NUMBER:	EMPLOYER IDENTIFICA (Note: NOT Individual Social	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTI By:	HORITY
DATE:			



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 029600018		CITY OR TOW	N DUDLEY	
APPLICATION FOR	R RENEWAL:	Annual	LIC	ENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS					
ADDRESS 119 WE	ST MAIN ST				
CITY/TOWN: DUI	DLEY	STATE: MA	ZIP CODE:	01571	
MANAGER: STR. SAM.	AW, TYI	PE OF LICENSE:P	ackage Store	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTION OF	LICENSED PREMI	SES:			
ONE ROOM IN A CREAR FOR STORA ALL ON 1 FLR COL	GE. BLDG IS 14,77	0 SQ. FT. WITH 9			
I hereby certify and s	swear under penalties	s of perjury that:			
1. the renew	ed license will be of	the same type for th	ne same premises n	ow licensed;	
2. the licens	ee has complied with	all laws of the Con	nmonwealth relatin	ng to taxes; and	
3. the premi	ses are now open for	business (If not exp	olain below)		
SIGNED BY			0.00		
	Individual, Partnei	or Authorized Cor	porate Officer		
D 4 TF					
DATE:	TELEPHON	IE NUMBER:		YER IDENTIFICAT	
			(Note. NOT	Individual Social S	Security Number)
Please Check Below:			LOCALLICE	ENSING AUTH	ORITY
APPROVED:			By:	2 (51) (6 716 717	Oldi
DISAPPROVED:			•		
(If disapproved explain	ain)				
DATE.					
DATE:					



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LICENSE NUM	MBER: 029600020		CITY OR TOWN	DUDLEY
APPLICATION	FOR RENEWAL:	Annual	LICENS	SED FOR 2013
		CLASS		YEAR
DOING BUSIN	ME: WEBSTER-DUDI		LUB, INC.	
ADDRESS 80 A			ZID CODE	01571
CITY/TOWN:		STATE: MA		
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	PE OF LICENSE: R	estaurant CA	ATEGORY: All Alcohol
EMAIL ADDR				
DESCRIPTION	PLEASE ALSO VISIT OUR W I OF LICENSED PREMI		EMAIL ADDRESS	
	BUILDING AND ADJOI		ON CORNER OF AIR	PORT RD AND
1. the r 2. the l	and swear under penaltie enewed license will be of icensee has complied with premises are now open for	the same type for the all laws of the Con	nmonwealth relating to	
SIGNED BY	Individual, Partne	r or Authorized Corp	porate Officer	
DATE:	TELEPHON	NE NUMBER:		IDENTIFICATION NUMBER: ividual Social Security Number)
Acts of 2004, s	signed, attest that we are igned by the building in and (2) the certificate o	spector and the he	ad of the fire departn	
Please Check Below APPROVED: DISAPPROVE (If disapproved	D:		LOCAL LICENS By:	ING AUTHORITY
DATE:				



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LICENSE NUMBER: 02960	0021		(CITY O	R TO	WN	DUL	DLEY	
APPLICATION FOR RENE	WAL:	Annı	ıal		LIC	CENS	SED F	OR 20	013
		CLA	SS						YEAR
LICENSEE NAME: DUDL	EY HOUSE	OF PIZZA, I	NC.						
DOING BUSINESS A DUD	LEY HOUSE	E OF PIZZA							
ADDRESS 206 WEST MAI	N STREET								
CITY/TOWN: DUDLEY		STATE:	MA	ZIP	CODE	3:	015	71	
MANAGER: MANTALVA WILLIAM	ANOS, TYPI	E OF LICEN	SE:Resta	urant		CA	ATEG	ORY:	Wine and Malt Regular
EMAIL ADDRESS:									
PLEASE AL	LSO VISIT OUR WEI	BSITE AND ENTER	R YOUR EMA	IL ADDRE	SS				_
DESCRIPTION OF LICENS									
ONE STORY BUILDING IN STREET AND ONE IN REA			E EXITS	TWC) FAC	ING	WES	T MAI	N
I hereby certify and swear un	der penalties o	of perjury tha	ıt:						
1. the renewed licens	se will be of th	ne same type	for the sa	ame pre	mises	now	licens	ed;	
2. the licensee has co	omplied with a	all laws of th	e Commo	nwealth	n relati	ing to	taxes	s; and	
3. the premises are n	ow open for b	ousiness (If n	ot explair	n below)				
SIGNED BY									
Indivi	dual, Partner o	or Authorized	d Corpora	ite Offic	cer				
DATE:	TELEPHONE	E NUMBER:							TON NUMBER:
				(No	ote: NO	<u>Γ</u> Indi	ividual	Social S	ecurity Number)
We the undersigned, attest Acts of 2004, signed by the named license and (2) the cof 2010.	building insp	pector and t	he head o	of the fi	re dep	partn	nent f	or the	above
Please Check Below:				LOCA	L LIC	ENS	ING A	AUTHO	ORITY
APPROVED:				By:					
DISAPPROVED:									
(If disapproved explain)									
				-					
DATE:									



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LICENSE NUMBER: 029600023	C	TTY OR TOWN DUDLEY	
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013	
	CLASS	YE	AR
LICENSEE NAME: J & S BLUE, INC DOING BUSINESS A SINNIS PUB			
ADDRESS 6 CHASE AVENUE			
CITY/TOWN: DUDLEY	STATE: MA	ZIP CODE: 01571	
MANAGER: SINNI, JEFFREY E. TYPE	E OF LICENSE: Restar	rant CATEGORY: A	l Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR WEB	SSITE AND ENTER YOUR EMAI	ADDRESS	
DESCRIPTION OF LICENSED PREMISH 16X 25.2 DECK WITH FRENCH DOOR WITH 11 ROOMS AND BASEMENT, LO ONE ON CHASE AVE AND TWO ON TO AVE.	S ENTERING EXITE	D. THREE ENTRANCES AND E	EXITS
I hereby certify and swear under penalties of	of perjury that:		
1. the renewed license will be of the	ne same type for the sa	me premises now licensed;	
2. the licensee has complied with a		=	
3. the premises are now open for b	ousiness (If not explain	below)	
SIGNED BY Individual, Partner of	or Authorized Corpora	e Officer	
DATE: TELEPHONE	NUMBER:	EMPLOYER IDENTIFICATION	NUMBER:
DATE: TELEPHONE	NUMBER:	EMPLOYER IDENTIFICATION (Note: NOT Individual Social Secur	
DATE: TELEPHONE We the undersigned, attest that we are i Acts of 2004, signed by the building insp named license and (2) the certificate of l of 2010.	n possession (1) the coector and the head o	(Note: <u>NOT</u> Individual Social Securertificate required by Chapter 3 f the fire department for the abo	ity Number) 04 of the
We the undersigned, attest that we are i Acts of 2004, signed by the building insp named license and (2) the certificate of I	n possession (1) the c pector and the head o iquor liability insura	(Note: <u>NOT</u> Individual Social Securertificate required by Chapter 3 f the fire department for the abo	04 of the ove
We the undersigned, attest that we are i Acts of 2004, signed by the building insp named license and (2) the certificate of l of 2010. Please Check Below: APPROVED:	n possession (1) the coector and the head or iquor liability insura	(Note: <u>NOT</u> Individual Social Securertificate required by Chapter 3 f the fire department for the aborce required by Chapter 116 of	04 of the ove
We the undersigned, attest that we are i Acts of 2004, signed by the building insp named license and (2) the certificate of l of 2010. Please Check Below: APPROVED: DISAPPROVED:	n possession (1) the coector and the head or iquor liability insura	(Note: NOT Individual Social Securertificate required by Chapter 3 f the fire department for the above required by Chapter 116 of LOCAL LICENSING AUTHORI	04 of the ove
We the undersigned, attest that we are i Acts of 2004, signed by the building insp named license and (2) the certificate of l of 2010. Please Check Below: APPROVED:	n possession (1) the coector and the head or iquor liability insura	(Note: NOT Individual Social Securertificate required by Chapter 3 f the fire department for the above required by Chapter 116 of LOCAL LICENSING AUTHORI	04 of the ove
We the undersigned, attest that we are i Acts of 2004, signed by the building insp named license and (2) the certificate of l of 2010. Please Check Below: APPROVED: DISAPPROVED:	n possession (1) the coector and the head or iquor liability insura	(Note: NOT Individual Social Securertificate required by Chapter 3 f the fire department for the above required by Chapter 116 of LOCAL LICENSING AUTHORI	04 of the ove



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LICENSE NU	MBER: 029600024		CITY OR TOW	N DUDLEY	
APPLICATIO	N FOR RENEWAL	: Annual	LICE	ENSED FOR 20	013
		CLASS			YEAR
	AME: DUDLEY D NESS A 21 WEST	0+C INC			
ADDRESS 21	WEST MAIN ST.				
CITY/TOWN:	: DUDLEY	STATE: MA	ZIP CODE:	01570	
MANAGER:	DUCHARME, SHAUNE M.	TYPE OF LICENSE: Re	staurant	CATEGORY:	All Alcohol
EMAIL ADDI	RESS:				
DESCRIPTIO	PLEASE ALSO VISI N OF LICENSED P	T OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS		
	premises are now op	ed with all laws of the Component for business (If not exploration) Partner or Authorized Corpo	ain below)	g to taxes; and	
DATE:	TELE	PHONE NUMBER:		ER IDENTIFICAT	
Acts of 2004,	signed by the build	we are in possession (1) th ling inspector and the head cate of liquor liability insu	d of the fire depar	rtment for the	above
Please Check Bell APPROVED: DISAPPROVI (If disapproved	ED:		LOCAL LICEN By:	NSING AUTH	ORITY
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: ()29600026		CITY OR TOWN	DUDLEY	
APPLICATION FOR RENEWAL: Annual			LICENSED FOR 2013		
		CLASS			YEAR
LICENSEE NAME: J	AYMINI CORPO	RATION			
DOING BUSINESS A	STATE LINE FA	RMS			
ADDRESS 59 SCHOF	IELD AVE.				
CITY/TOWN: DUDL	EY	STATE: MA	ZIP CODE:	01571	
MANAGER: PATEL	., VANITA J. TYI	PE OF LICENSE:	Package Store Ca	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
PL	EASE ALSO VISIT OUR W	EBSITE AND ENTER YOU	R EMAIL ADDRESS		-
DESCRIPTION OF LI	CENSED PREMIS	SES:			
ONE STORY METAL	BUILDING WIT	H STORE FRONT	AND STORAGE IN	REAR	
I hereby certify and swe	ear under penalties	of perjury that:			
1. the renewed	license will be of	the same type for t	he same premises now	licensed;	
2. the licensee	has complied with	all laws of the Co	mmonwealth relating to	o taxes; and	
3. the premises	s are now open for	business (If not ex	plain below)		
SIGNED BY					
-	Individual, Partner	or Authorized Con	porate Officer		
DATE:	TELEPHONE NUMBER:		EMPLOYER IDENTIFICATION NUMBER:		
			(Note: NOT Ind	lividual Social S	ecurity Number)
Please Check Below:			LOCAL LICENS	SING AUTHO	ORITY
APPROVED: DISAPPROVED:	1		By:		
(If disapproved explain)				
(11 disapproved explain	.,				
DATE:					



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LICENSE NUMBER: 0)29600028		CITY	OR TOWN	DUDLEY	
APPLICATION FOR F	RENEWAL:	Annua	al	LICENS	SED FOR 20	13
		CLAS	SS		,	YEAR
LICENSEE NAME: I	Eighty Ates Bar & Gri	ll, Inc				
DOING BUSINESS A						
ADDRESS 8 Airport R	td					
CITY/TOWN: DUDL	EY	STATE:	MA ZII	P CODE:	01570	
MANAGER: Dirffen	wierth, TrevorTYPE (OF LICENS	SE:Restaurant	CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
PLI	EASE ALSO VISIT OUR WEBSI	TE AND ENTER	YOUR EMAIL ADDE	RESS		
DESCRIPTION OF LI	CENSED PREMISES	s :				
RESTAURANT 1700S 21'x40 outside seating a entrance & egress through	area located at the rear					
I hereby certify and swe	ear under penalties of	perjury that	t:			
1. the renewed	license will be of the	same type i	for the same p	remises now	licensed;	
	has complied with all			•	taxes; and	
3. the premises	s are now open for bus	siness (If no	ot explain belo	w)		
SIGNED BY	Individual, Partner or	Authorized	Corporate Of	ficer		
•	individual, i urtilor or	radio 1120a	Corporate Of	ileei		
DATE:	TELEPHONE N	ширер.		EMPLOYER	IDENTIFICATI	ION NUMBER:
	TELEFTIONE N	WIDER.	1)		ividual Social Se	
We the undersigned, Acts of 2004, signed by named license and (2) of 2010.	y the building inspec	ctor and th	e head of the	fire departn	nent for the	above
Please Check Below:			LOC	AL LICENS	ING AUTHO	RITY
APPROVED:			By:			
DISAPPROVED:]					
(If disapproved explain	.)					
DATE:						



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LICENSE NUMBER: 029600029		CITY OR TOWN	DUDLEY	
APPLICATION FOR RENEWAL:	Annual	LICENS	SED FOR 20	013
	CLASS			YEAR
LICENSEE NAME: Qshore, Inc				
DOING BUSINESS A Gaslight Café				
ADDRESS 59 Schofield AVE.				
CITY/TOWN: DUDLEY	STATE: MA	ZIP CODE:	01570	
MANAGER: Alward, Susan M. TY	YPE OF LICENSE: Res	staurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EM	MAIL ADDRESS		1
DESCRIPTION OF LICENSED PREM	ISES:			
APPROX. 2400 SQ FT400 SQ FT O	F BAR SPACEEXIT	DOORSFRONT	AND BACK	
I hereby certify and swear under penaltic	es of perjury that:			
1. the renewed license will be o	f the same type for the	same premises now	licensed;	
2. the licensee has complied wi	th all laws of the Comm	nonwealth relating to	taxes; and	
3. the premises are now open for	or business (If not expla	ain below)		
SIGNED BY				
Individual, Partne	er or Authorized Corpo	orate Officer		
DATE: TELEPHO	NE NUMBER:	EMPLOYER	. IDENTIFICAT	ION NUMBER:
		(Note: NOT Ind	ividual Social Se	ecurity Number)
We the undersigned, attest that we ar	o in neggession (1) the	a acetificata recuire	d by Chant	on 201 of the
Acts of 2004, signed by the building i	_ , ,	_		
named license and (2) the certificate				
of 2010.				
Please Check Below:		LOCAL LICENS	ING AUTHO	ORITY
APPROVED:		By:		
DISAPPROVED:				
(If disapproved explain)				
DATE:				
APPLICATION FOR RENEWAL MUST BE FILED BY	LICENSEES DURING THE M	ONTH OF NOVEMBER (M	.G.L. Ch. 138 \$ 16	5A)



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LICENSE NUM	BEK: 029600030		CITY OR TOWN	DUDLET	
APPLICATION	FOR RENEWAL:	Annual	LICEN	NSED FOR 2013	3
		CLASS		YI	EAR
LICENSEE NAM	ME: BIG AL'S PI	ZZA PLUS INC.			
DOING BUSINE	ESS A				
ADDRESS 23 B	RANDON ROAD				
CITY/TOWN:	DUDLEY	STATE: MA	ZIP CODE:	01570	
MANAGER: C	OZGOPOYAN, ALEX	TYPE OF LICENSE:R	destaurant C		Vine and Malt Regular
EMAIL ADDRE	SS:				
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION	OF LICENSED PR	REMISES:			
2500 SQ. FT. ST	ORE FRONT, 2N	D & 3RD FLOORS ARE	RESIDENTIAL		
I hereby certify a	and swear under per	nalties of perjury that:			
		be of the same type for the	•		
	•	d with all laws of the Cor	•	to taxes; and	
3. the pr	remises are now ope	en for business (If not exp	plain below)		
SIGNED BY	Individual, P	artner or Authorized Cor	porate Officer		
DATE:	TEI FE	PHONE NUMBER:	EMPLOYE	R IDENTIFICATIO	N NUMBER:
	TEELI	HONE NOWIDER.	(Note: NOT In	dividual Social Secu	rity Number)
Acts of 2004, sig	gned by the buildi	ve are in possession (1) t ng inspector and the he ate of liquor liability ins	ad of the fire depart	tment for the ab	oove
Please Check Below	<u>:</u>		LOCAL LICEN	SING AUTHOR	ITY
APPROVED:			By:		
DISAPPROVED					
(If disapproved e	expiaiii)				
			-		
DATE:					



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LICENSE NUMBER: 02960003	1	CITY OR TOWN DUDLET
APPLICATION FOR RENEWA	L: Annual	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: DOLDRE	INC.	
DOING BUSINESS A DRAFTI	ER'S	
ADDRESS 35 CHASE AVENU	Е	
CITY/TOWN: DUDLEY	STATE: MA	ZIP CODE: 01571
MANAGER: KISTNER, CRYSTAL	TYPE OF LICENSE: Rest	aurant CATEGORY: All Alcohol
EMAIL ADDRESS:		
PLEASE ALSO V	ISIT OUR WEBSITE AND ENTER YOUR EMA	AIL ADDRESS
DESCRIPTION OF LICENSED	PREMISES:	
S. F. WITH A KITCHEN AND	BAR AREATWO ENTRANC CREASE IN SQ. FOOTAGE T	TO 12,243.50 WHICH WILL INCLUDE
I hereby certify and swear under	penalties of perjury that:	
	vill be of the same type for the s	•
•	lied with all laws of the Commo	
3. the premises are now	open for business (If not explai	n below)
SIGNED BY Individual	l, Partner or Authorized Corpor	ate Officer
DATE: TEL	LEPHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER:
		(Note: <u>NOT</u> Individual Social Security Number)
Acts of 2004, signed by the buil	lding inspector and the head	certificate required by Chapter 304 of the of the fire department for the above ance required by Chapter 116 of the Acts
Please Check Below: APPROVED:		LOCAL LICENSING AUTHORITY By:
DISAPPROVED: (If disapproved explain)		
(11 disappioved expiani)		
DATE:		



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LICENSE NU	MBER: 029600033		CITY OR TOWN DUDLEY	
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR 2	2013
		CLASS		YEAR
LICENSEE N.	AME: LAURIE C. SUL	LIVAN		
DOING BUSI	NESS A SULLY'S DOG	SHACK		
ADDRESS 18	4 WEST MAIN STREET			
CITY/TOWN:	DUDLEY	STATE: MA	ZIP CODE: 01571	
MANAGER:	SULLIVAN,LAURI TY E C.	YPE OF LICENSE:R	estaurant CATEGORY:	Wine and Malt Regular
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTIO	N OF LICENSED PREM	ISES:		
TWO EXITS I	LOCATED IN FRONT C	F PROPERTYTW	O EXITS AT BACK OF PROPE	ERTY
I hereby certify	y and swear under penaltic	es of perjury that:		
1. the	renewed license will be o	of the same type for the	ne same premises now licensed;	
2. the	licensee has complied wi	th all laws of the Con	nmonwealth relating to taxes; and	
3. the	premises are now open for	or business (If not exp	plain below)	
SIGNED BY	Individual, Partn	er or Authorized Corp	porate Officer	
DATE:	TELEPHO	NE NUMBER:	EMPLOYER IDENTIFICA (Note: NOT Individual Social	
Acts of 2004,	signed by the building i	nspector and the hea	he certificate required by Chap ad of the fire department for the surance required by Chapter 11	e above
Please Check Belo	ow:		LOCAL LICENSING AUTH	IORITY
APPROVED:			By:	
Of disapproved	<u> </u>			
(If disapproved	ı expiaiii)			
DATE:				
APPLICATION FOR	R RENEWAL MUST BE FILED BY	LICENSEES DURING THE	MONTH OF NOVEMBER (M.G.L. Ch. 138 \$	16A)



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LICENSE NUMBER	: 029600034		CITY OR TO	IMN DUDLET	
APPLICATION FOR	RENEWAL:	Annual	L	ICENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME:	HW RESTAUR	ANT, INC			
DOING BUSINESS	A				
ADDRESS 398 WES	T MAIN STREE	ET			
CITY/TOWN: DUD	DLEY	STATE: MA	ZIP COD	DE: 01571	
MANAGER: WAN	G,DAVID T	ΓΥΡΕ OF LICENSE: R	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
1	PLEASE ALSO VISIT OU	R WEBSITE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTION OF I	LICENSED PRE	MISES:			
		OVER TWO ACRE L /ICE AREA, TWO BA			
I hereby certify and sy	wear under penal	ties of perjury that:			
1. the renewe	ed license will be	of the same type for th	e same premises	s now licensed;	
2. the license	e has complied w	with all laws of the Con	nmonwealth rela	ting to taxes; and	
3. the premis	es are now open	for business (If not exp	plain below)		
SIGNED BY	Individual, Part	ner or Authorized Corp	porate Officer		
DATE:	TELEPHO	ONE NUMBER:		LOYER IDENTIFICATION OF THE CONTROL OF T	
Acts of 2004, signed	by the building	are in possession (1) t inspector and the hea e of liquor liability ins	ad of the fire de	epartment for the	above
Please Check Below:			LOCAL LI	CENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED: (If disapproved expla	 in)				
(11 disapprovod expid	 ,				
DATE:					
APPLICATION FOR RENEW	AL MUST BE FILED B	BY LICENSEES DURING THE	MONTH OF NOVEM	BER (M.G.L. Ch. 138 \$ 1	6A)



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LICENSE NUMBE	R: 029600035		CITY OR TOWN DUDLI	EY
APPLICATION FO	R RENEWAL:	Annual	LICENSED FOI	R 2013
		CLASS		YEAR
LICENSEE NAME	: LEO0NI'S PIZZA	RIA, INC		
DOING BUSINESS	S A LEONI'S BRICE	K OVEN PIZZERIA		
ADDRESS 59 SCH	OFIELD AVE			
CITY/TOWN: DU	DLEY	STATE: MA	ZIP CODE: 01571	
MANAGER: PAT	TEL, SMIRAL TY	PE OF LICENSE: Re	estaurant CATEGOR	RY: Wine and Malt Regular
EMAIL ADDRESS	:			
	PLEASE ALSO VISIT OUR V	WEBSITE AND ENTER YOUR I	EMAIL ADDRESS	
	LICENSED PREMI			
ONE STORY BUIL BACK EGRESS	DING 2400 SQ.FT.	WITH TWO BATH	ROOMS, A FRONT ENTRAI	NCE AND A
I hereby certify and	swear under penaltie	es of perjury that:		
1. the renev	wed license will be of	f the same type for th	e same premises now licensed:	;
2. the licen	see has complied wit	h all laws of the Com	nmonwealth relating to taxes; a	and
3. the prem	ises are now open for	r business (If not exp	lain below)	
SIGNED BY			0.27	
	Individual, Partne	er or Authorized Corp	oorate Officer	
DATE:			EN COVER POENTIE	
DATE.	TELEPHON	NE NUMBER:	EMPLOYER IDENTIFI (Note: <u>NOT</u> Individual Soc	
Acts of 2004, signe	ed by the building ir	nspector and the hea	he certificate required by Ch ad of the fire department for urance required by Chapter	the above
Please Check Below:			LOCAL LICENSING AU	THORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved expl	lain)		-	
DATE:				